Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS4470HIC	A. BUILDING _____ B. WING _____	C 09/30/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY GROUP HOMES SENIOR CARE	1512 MARCUS DRIVE LAS VEGAS, NV 89102

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	Initial Comments Surveyor: 27364 This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 9/23/09 and 9/30/09. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The census at the time of the survey was four. Four resident files were reviewed and zero employee files were reviewed. The following regulatory deficiencies were identified:	H 000		
H 999	Final Comments This Regulation is not met as evidenced by: Surveyor: 27364 NRS 449.0105 Home for individual residential care defined. Home for individual residential care "means a home in which a natural person furnishes food, shelter, assistance and limited supervision, for compensation, to not more than two persons with mental retardation or with disabilities or who are aged or infirm, unless the persons receiving those services are related within the third degree of consanguinity or affinity to the person providing those services." Based on record reviews, interviews, and observations on 9/23/09, 9/30/09 and 10/1/09, it was determined the facility was still over-census despite being issued a notice dated 7/28/09 to	H 999		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H 999	Continued From page 1 discharge two residents. Findings include: During an on-site visit on 9/23/09, Employee #1, a caregiver, acknowledged they had four residents and stated the owner was trying to transfer two of the residents. He added the owner was out of town for a week but planned to move the residents when she returned. During another on-site visit on 9/30/09, Employee #1 stated they still had four residents, but the owner was planning on transferring two of the residents early next week. After an hour and a phone call made by Employee #1, he stated two of the residents were moving out today to another facility. Employee #2, the owner, on 10/1/09 at 10:15 AM, stated she was not over census, the additional residents were just in a holding pattern waiting for a transfer to another facility. She said she had them scheduled to move to Torrey Pines Care Center before she left town last week. When she returned this week Torrey Pines Care Center told her they could not take them. Employee #2 related it was difficult to transfer residents for the $1,100 they are willing to pay for a private room. Employee #2 stated she moved Resident #3 and Resident #4 out the day before (9/30/09) to Torrey Pines Care Center. She added the plan was to move them out at the end of the month. She also stated, "It's hard out there, the extra residents help." Resident #1 - The resident was admitted to the	H 999		

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H 999	Continued From page 2 facility on 2/16/09. He had a facility admission agreement in his file. Employee #2 stated he paid $1800 a month. Employee #1 stated he needed assistance with his medications, bathing, dressing transfers and toileting, Resident #1 was a wheel chair bound amputee. A home health agency assisted with his care Employee #1 was observed passing morning medications to Resident #1 on 9/30/09. Resident #1's diagnosis was a below the knee amputation, paraplegia, stenosis, neuropathy, and ulcers on the right and left stump and a sacral decubitus ulcer. Resident #2 - The resident was admitted to the facility on 6/2/09. She had a facility admission agreement in her file. Employee #2 stated she paid $2,000 a month. The resident was bedridden and received care from a home health agency. She was only able to answer yes or no to questions. Employee #1 stated he provided bathing, dressing, toileting and medications to Resident #2. Employee #1 was observed passing medications to Resident #2 on 9/30/09. Resident #2's diagnosis was cerebrovascular accident, hemiparesis, chronic lower extremity edema, complete occlusion of the left carotid artery and left middle cerebral arteries. Resident #3 -The resident was admitted 7/30/09 per Employee #1 and a renter since 12/08. The resident had a file with a facility admission agreement signed on 7/30/09. The fee for services was listed at $1500 a month. Employee #2 stated he paid $1500 a month. Employee #1 stated he provided Resident #3 some assistance with dressing and bathing, and oral care. Employee #1 stated and was observed on 9/30/09 passing medications to Resident #3 on 9/30/09. Resident #3 used a walker to ambulate. Resident #3's diagnosis was bronchoscopy right	H 999		

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H 999	Continued From page 3 lower lobe, coronary artery disease and bypass graft, and congestive heart failure. Resident #4 - The resident was admitted around July 2009 per Employee #1. The resident had a file with discharged hospital notes, but lacked a facility admission agreement. Employee #2 stated he was paying $1100 per month. Employee #1 stated he was providing Resident #4 with assistance for bathing, dressing, toileting and medications. Resident #4 used a wheel chair for ambulation. Employee #1 was observed passing medications to Resident #4 on 9/30/09. Resident #4's diagnosis was coronary artery disease post coronary artery bypass graft, pacemaker, and a cerebral vascular accident. After review of residents records, observations, and interviews with employees and residents, it was determined that Residents #1, #2, #3 and #4 all required assistance with activities of daily living and medications. It was determined the director of the facility was still over-census by two residents and continued to operate as a Residential Facility for Groups without a license.	H 999		